

MISSOURI DEPARTMENT - NATURAL RESOURCES WASTE MANAGEMENT PROGRAM

not your first notification, enter your installation's EPA (O Mulinber in the space provided below

X - HAST NOT FIGATION

_ a. SUBSECUENT NOTIFICATION COMPLETE TEM CO

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3/12/93

NOTIFICATION OF HAZARDOUS WASTE ACTIVITY

Noth of the property of the pr
SEND TO MISSOURI DEPARTMENT OF NATURAL RESOURCES, WASTE MANAGEMENT PROGRAM P.O. BOX 176, JEFFERSON CITY, MO 65102
FOR OFFICIAL USE ONLY
COMMENTS
C 193 FFB 26 60 9 9 9 9 9 9 9 9 9
INSTALLATION'S EPA ID NUMBER APPROVED DATE RECEIVED YR. MO DAY
EMODO6266142 1
1. NAME OF INSTALLATION
Clardinal MachiNE + NIPPLE WKS
II. INSTALLATION MAILING ADDRESS
STREET OR P.O. BOX NUMBER
3115/2/2 AMMA NOV+L NINTH Street
CITY OR TOWN STATE ZIP CODE
6 S+LOUIS MO106
III. LOCATION OF INSTALLATION
STREET AND NUMBER
\$ 1518-22 North Ninth Street
CITY OR TOWN STATE ZIP CODE
8 SH1/LOUIS 111111111 MO1631016
IV. INSTALLATION CONTACT NAME AND TITLE (LAST, FIRST, AND JOB TITLE) TELEPHONE NUMBER
0 MIChale L J McClane 1 314231 642
A. NAME OF INSTALLATION'S LEGAL OWNER B. TYPE OF OWNERSHIP (ENTER
R HOWARD G MCCI and Sole Corp. IV. TYPE OF REGULATED WASTE ACTIVITY (MARK "X" IN THE APPROPRIATE BOXES. REFER TO INSTRUCTIONS)
A. HAZARDOUS WASTE ACTIVITY B. USED OIL FUEL ACTIVITIES
12. GENERATOR
2. TRANSPORTER
☐ 3. TREATER/STORER/DISPOSER ☐ 4. UNDERGROUND INJECTION . ☐ D. OTHER MARKETER
L. S. MARKET OR BURN HAZARDOUS WASTE FUEL. enter X'3 mark appropriate coxes delow! L. c. BURNER A. GENERATOR MARKETING TO BURNER 7. SPECIFICATION USED OIL FUEL MARKETER (OR ON-SITE BURN
B. OTHER MARKETER C. SURNER WHO FIRST CLAIMS THE OIL MEETS THE SPECIFICATION
VII. WASTE FUEL BURNING: TYPE OF COMBUSTION DEVICE
(Enter 'X' in all appropriate boxes to indicate type of compustion device(s) in which hazardous waste fuel or off-specification oil fuel is burned. See instructions for definitions of compustion devices:
A. UTILITY BOILER S. INDUSTRIAL BOILER C. INDUSTRIAL FURNACE
VIII. MODE OF TRANSPORTATION (TRANSPORTERS ONLY-ENTER 'X' IN THE APPROPRIATE BOX(ES)
A AIR B. RAIL C: HIGHWAY D, WATER C E. OTHER (SPECIFY)
IX. FIRST OR SUBSEQUENT NOTIFICATION
Mark 10 in the appropriate box to indicate whether this is your installation's tirst notification of his

R00116487 RCRA RECORDS CENTER

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			0		1 1	OFFICIAL	USE ON		T/A C
			w						-
	OF HAZARDOUS WASTE						8 1		
	specific Sources (F-List). Enter liation handles. Below each numl								nonspecific
WASTE I.D. NO.	6								
FREQUENCY	lbs.	lbs.	27 7		lbs.			lbs.	
The state of the s	ific Sources (K-List). Enter the andles. Below each number, ente							from speci	fic sources
WASTE I.D. NO.	- 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1		1						
FREQUENCY	lbs.	lbs.	,		lbs.	2		lbs.	2.
	cal Product Wastes (W and P Lists)	- ve						your installat	ion nandles
WASTE I.D. NO.						3 3		İ	
AMOUNT AND	lbs.	lbs.			lbs.		[.	lbs.	
	183.	100.1			103.1			103.	
). (Reserved)		a 1432 A II							
AMOUNT AND FREQUENCY	1. IGNITABLE (D001)	ch box that you check, en		control generation. CORROSIV (D002)		xpressed in	pounds ar	3. REAC	TIVE
	220 lbs.			lbs.			7-3-	TE	os.
	4. TOXIC Enter the four	r-digit number which id in amount and frequency		each character	istic toxic	waste. Bel	ow each n	iumber, enti	er
AMOUNT AND FREQUENCY	The monthly generated	an amount and frequency	-						
	lbs.	lbs.	$\overline{}$		lbs.			lbs.	
-		ISSOURI REQUIR	ED IN	FORMATIC				103.	
AISSOURI GENE	RATOR ID NUMBER (IF PR								
PRINCIPAL BUSI	NESS ACTIVITY		1.2					× , **	
3.I.C. CODE (LEA	VE BLANK IF UNCERTAIN	1)			* * * * * * * * * * * * * * * * * * *			3 P.N.	
CHECK THIS BO	X IF YOU GENERATE/ACC	UMULATE LESS TH	IAN A F	EPORTABL	E QUANT	TITY,			•
I. CERTIFICAT	ION	and the same of th	of state of the st	ar grand and a second	ere e sse ur za eur		a traje servicija jem se	Control to the second	es out
formation is true	nally of law that I have personal based on my inquiry of thome, accurate, and complete. I he and imprisonment.	se individuals immedi am aware that there	ately res	ponsible for nificant pena	obtaining lities for s	the inforr	nation. I b	elieve the	submitted
Much	alf McClo	ine Trame an	- OFFICIA	AL TITLE (TYPE	OR PHINT)		2/2	2/93	# 0 II